

4 **McCracken L.** It is time to learn the Hippocratic Oath indeed. Electronic response to: Roddy E, Jones E, Yeager E, *et al.* On Hippocrates. *BMJ* 2002;**325**:496a. <http://bmj.com/cgi/eletters/325/7362/496/a#25093> accessed 3 Aug 2002.

### Editor's response

Dr Lewis raises the important issue of what the rules of debate should be in electronic correspondence.<sup>1</sup>

As an editor, I feel as if I am caught in the maelstrom of evolution. The web has radically changed the nature of debate and the presentation of information and knowledge. It is not clear to me how and whether it should be controlled. My general approach has been to let the experiment run in a free way and look at the results. Then it will be clearer what rules are required.

Electronic correspondence, for me, is different from scholarly debate. It takes advantage of the web's accessibility to give people the opportunity to express their own views and to see the range of views on a particular issue. At present, the *JME* operates on the principle that it will publish electronically any response which is not libellous or harmful in other ways. Electronic letters which contribute significantly to the debate (such as Dr Lewis's letter) may be selected for publication in the paper version of the journal.

The core business of a journal such as the *JME* should be the publication of scholarly articles which contribute to knowledge. But as a medical ethics journal, it should also be engaging and relevant to professionals and non-professionals. We have introduced a current controversy section which reports an issue of contemporary interest and we solicit off the cuff comment from people who may have an interesting view on that topic. Electronic correspondence should serve a similar function: to increase people's interaction with the journal and with others.

**J Savulescu**

Oxford Centre for Applied Ethics, University of Oxford, Suite 7, Littlegate House, St Ebbs Street, Oxford OX1 1PT

## BOOK REVIEWS



### In Two Minds: A Casebook of Psychiatric Ethics

D Dickenson, Bill (KWM) Fulford. Oxford University Press, 2000, £27.50, pp 382. ISBN 0-19-26-28-58-5

Although the title describes this as a "case-book", it is much more than that. The casebook format entices the reader into a series of readily accessible discussions of increasing complexity and erudition until a vast landscape of medical ethics is evoked and in many instances the very bedrock of morality exposed. The authors seem effortlessly to

introduce complex philosophical ideas, including sections on the philosophy of science and the philosophy of mind (rationality, meaning, agency, identity etc). The centre-piece of the book is undoubtedly a series of well-chosen cases (thematically progressing from diagnosis to management and prognosis), each followed by an extensive analysis of the ethical issues, including contrasting arguments from different vantage points. There then follows a commentary by a practitioner with relevant experience—in some cases this reflects a practical, no-nonsense approach, while other commentators develop points or themes made by the authors. Each section is rounded off with an extensively annotated bibliography. Considerable space is also devoted to legal issues: an appendix provides a four page glossary of key legal cases.

The book is extraordinarily innovative in many respects. Not only is the case history and analysis format interesting and methodologically robust, but the case material is so challenging and the ethical analyses so wide ranging and scholarly that it is difficult to put this book down! One discovers how different analytical strategies lead to progressively deeper levels of understanding of the ethical issues, thus exposing "the heart of the matter"; along the way one is referred to books, chapters, and articles for further reading. As might be expected, Fulford's notion that an explicit analysis of values is helpful in defining diagnostic concepts in all areas of medicine is a recurring theme. Dickenson's interest in informed consent (also in children), "moral luck", and her feminist reconstruction of rationality, are drawn upon in several sections.

Several of the clinical cases are "grey area" cases—cases that do not easily fit into clear diagnostic slots, where clinicians disagree about the precise diagnosis and may start doubting their own judgment. For example, the question of the differential diagnosis of a man who appears to have a religious delusion, yet leads a very successful professional life turns "not on the facts about his experiences and behaviour, but on a series of value judgements". The authors point out that the diagnosis of schizophrenia in the DSM-IV (a widely used diagnostic classification system) requires the criterion of "social/occupational dysfunction... below the level achieved prior to the onset". Here a paradox is demonstrated: the evaluation of "social dysfunction" depends on values, yet the authors of the DSM-IV claim that the system was "grounded in empirical evidence"! The reader is challenged to come to terms with the value related elements of the diagnosis of schizophrenia and related diagnoses. As with several other cases, the importance of a team approach is emphasised, bringing to bear, as it should, a variety of perspectives that may include elements of cultural formulation and the patient's values.

Other chapters address teamwork and service organisation, and research ethics; a section on wider perspectives gives an international view; in an interesting chapter Fulford describes the basis for his belief that psychiatry can take the lead in bioethics, "providing lessons for medicine as a whole". There is also a useful sample teaching seminar, showing how theory is put into practice.

This book will appeal to any reader who wishes to escape from the well-worn path of "four principles plus". It is likely to be enriching to psychiatrists who feel that the DSM-IV and ICD-10 are constrained not so much by limitations of their science, but of their humanities. It provides thoughtful material

for those interested in finding a way of resolving the tensions between physical medicine, psychiatry, and ethics. The book is a treasure trove of annotated bibliographies and very enjoyable to read.

**S Louw**

### Ethical Issues in Palliative Care—Reflections and Considerations

Edited by P Webb. Hochland and Hochland, 2000, £15.95, Pp 138. ISBN 1-898507-27-9

This book is a collection of essays by a variety of specialists with a particular interest in palliative care. It contains seven chapters by six different authors.

The first chapter Why is the study of ethics important? is by Patricia Webb, a lecturer in palliative care with a background in nursing. She tells us that studying ethics encourages logical reasoned thinking in the face of difficult decisions such as allocation of resources, access to services, best care, clinical research, and rights to life. Webb reminds us that clinical guidelines may not be much help in the face of an ethical dilemma with no clear right or wrong answer.

The chapter called Care versus cure by David Jeffrey, a consultant in palliative medicine and writer on medical ethics, reminds us that care is concerned as much with the subjective feelings of the patient as with the physical disease, and aims to relieve suffering and improve quality of life. He emphasises that by sharing the reality of uncertainty (with patient, family, and colleagues) we can make more realistic decisions, and that informed consent is a mechanism for sharing the power of doctors and patients.

Giving it straight—the limits of honesty and deception by Heather Draper, a lecturer in biomedical ethics, explores the difference between truth-telling and honesty, and between honest and dishonest selective truthfulness. "There is a sense in which we are always selective with the truth", she writes and reminds me of the saying so useful in palliative care that: "Truth like medicine can be skilfully used, respecting its potential to help and to harm".

The chapter on Advocacy by Patricia Webb defines advocacy as "the role of one with expertise who is invited to negotiate on behalf of another", and is an interesting analysis of the power differences between patients and professionals. She makes the point that "patients have little power to influence the nature of care provision unless a determined effort is made to reduce their actual and perceived vulnerability". She also emphasises, however, that skilful communication allows most patients to be directly involved in decision making. With good team care few patients need an advocate, except those few who prefer to be very passive, or who are unable to make decisions, such as those with severe learning difficulties.

The next chapter, How informed consent be?, by Calliope Farsides, a senior lecturer in medical ethics, makes the point that it is often useful to consider consent not primarily as a legal concept but a moral one, and one that depends on the relationship between patient and carer being a relationship of trust, reciprocity, and beneficence, with mutual recognition of their duties and obligations. She goes on to look at the differences between